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Bib Data Sheet

CONFIRMATION NO. 8088

SERIAL NUMBER 10/026,281	FILING DATE 12/18/2001  RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. 2000-0674A
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APPLICANTS

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 OA

\*\* CONTINUING DATA \*\*\*\*\*

NONE O.A.

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE O.A.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 01/28/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Allowance Examiner's Signature Initials	STATE OR COUNTRY NJ	SHEETS DRAWING 6	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
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ADDRESS

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TITLE

Call management system responsive to network presence

FILING FEE  RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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